

Sexually Oriented Business Employee License Application

In addition to obtaining an occupation tax certificate pursuant to the Article XII Sexually Oriented Business Sec. 15 Ordinance, It is unlawful for any person to be an "employee" of a sexually oriented business in the city without a valid sexually oriented business employee license, except that a person who is a licensee under a valid sexually oriented business license shall not be required to also obtain a sexually oriented business employee license.

Sexually oriented business employee means only such employees, agents, independent contractors, or other persons, whatever the employment relationship to the business, whose job function includes posing in a state of nudity, or semi-nudity, or exposing to view within the business the specified anatomical areas as defined by this Code. Permits acquired under this Article are valid only for the location stated on the permit and said permit is not transferable from one location to another.

There shall be an annual permit fee, consisting of a nonrefundable employee license fee of \$250.00 and an employee license renewal fee of \$200.00, for each sexually oriented business employee license within the city. **Please make checks payable to City of Brookhaven.** The full permit fee shall be paid with the permit application and shall not be prorated under any circumstances.

All sexually oriented business employees, as defined herein, shall be not less than 18 years of age. Any person who has been convicted of or pled guilty or nolo contendere to any felony/misdemeanor crime involving specified criminal activity under the laws of this state, any other state of the United States, or any federal law shall not be eligible for a sexually oriented business employee license under this Article until five (5) years after the completion by said person of the subject sentence.

For the purpose of this Article, independent contractors shall be considered as employees and shall be permitted as employees.

All permits granted hereunder shall be for a year and expire within a year of issuance. Each subsequent permit application shall be treated as an initial application and the applicant shall be required to comply with all rules and regulations for the granting of permits as if no previous permit had been held.

Please submit the following Sexually Oriented Business Employee License Application and required supplemental materials (detailed in the following checklist) in person to the Brookhaven Police Department located at 2665 Buford Hwy NE, Brookhaven, GA 30324. If you have questions, please do not hesitate to contact the Brookhaven Police Department at 404.637.0600. The review process for approval may take up to fifteen (15) days.

****Please review the Article VII Sexually Oriented Businesses, Sec. 15 for specific requirements and restrictions****

Sexually Oriented Business Employee License Checklist

Application Requirements:

- ☐ Sexually Oriented Business Employee License Application Information
- ☐ Business and/or Employment History
- ☐ Sexually Oriented Business Employee History of the Applicant
- ☐ Applicant's Certification (Notarized)
- ☐ Copy of current Driver's License, Passport, or Military ID
- ☐ Signed Acknowledgement of Article II
- ☐ Payment in full

Application Required Attachments:

- ☐ Signed Authorization for Criminal Background Check (any and all owners or partners with 10% or more ownership and registered agents)
- ☐ Fingerprinting by the City of Brookhaven Police Department (Monday 8:00am-12:00pm, Tuesday & Friday 8:30am-4:30pm)
- ☐ Photographing by the City of Brookhaven Police Department (Monday 8:00am-12:00pm, Tuesday & Friday: 8:30am-4:30pm)

The following items may be required, if applicable:

- ☐ Arrest and Conviction Information, including:
 - date(s) of conviction or arrest
 - charge(s)
 - location(s)
 - dates served in jail
 - dates served on probation or parole

Permit Fees:

- ☐ Employee License Fee \$250.00
- ☐ Employee Renewal License Fee \$200.00

Sexually Oriented Business Employee License Application

Applicant Information

Last Name: _____ First Name: _____ Middle Name: _____

Aliases/Stage Names (in the last 10 years): _____

Social Security #: _____ Date of Birth: _____

Are you 18 years of age or older? ☐ Yes ☐ No

Sex: ☐ Male ☐ Female Race: _____

Driver's License #: _____ State Issued: _____

Home Address: _____

Home Phone: _____ Mobile/Cell Phone: _____

Email: _____

Please list any additional legal addresses for the past five (5) years:

(1): _____

(2): _____

(3): _____

(4): _____

Have you been convicted of or pled guilty to or nolo contendere, in a court of competent jurisdiction, any felony/misdemeanor, any crime involving specified criminal activity within the last five (5) years?

☐ Yes ☐ No

A pleading of nolo contendere shall be considered as a conviction for the purposes of this provision.

Please note that any applicant that has been convicted, pled guilty or entered a plea of nolo contendere to any federal, state, or local law for any felony within the past five years will be denied.

Employment History Information

Use additional pages if necessary

Current Business of Employment: _____

Job Title: _____

Street Address: _____

Phone: _____ Length of Employment: _____

Sexually Oriented Business Employee License History Information

List any previous permits in this or any other City, State, or Territory

Have you ever had any such permit revoked or suspended? ☐Yes ☐No

If so, why? _____

1. _____

2. _____

3. _____

4. _____

Additional Information

1. Are you directly or indirectly associated with this business in any fashion other than the position you are applying for, whether it is located locally or out-of-state? ☐Yes ☐No

If yes, please list the nature of such ownership interest: _____

2. What is the nature and character of the business to be conducted? _____

Sexually Oriented Business Employee License Applicant's Affidavit and Signature

Applicant: _____

Job Title: _____

I _____ hereby agree that as a condition to the issuance of a Sexually Oriented Business Employee License, the applicant shall indemnify and hold the City harmless from claims, demand or cause of action which may arise from activities associated with the permit.

I hereby solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a Sexually Oriented Business Employee License, are true, and no false or fraudulent statement or answer is made herein to procure the granting of such permit.

I hereby state and understand that any conviction for violation of the provisions of the City of Brookhaven's Chapter 15 Ordinance, Article VII or the State of Georgia's Code, shall result in the automatic suspension of the Sexually Oriented Business Employee License. Furthermore, the Chief of Police may revoke said Sexually Oriented Business Employee License and demand its return if the applicant adversely affects the public health, safety, or welfare.

I hereby solemnly swear that there are no fees, taxes, fines or other charges due to the City of Brookhaven.

I hereby understand that it shall be unlawful for an applicant whose Sexually Oriented Business Employee License has been revoked and upon whom demand for return of the card has been made to refuse to return the card or to alter, conceal, deface, or destroy the card.

Applicant's Signature: _____

Sworn and Attested before me on this _____ day of _____, 20 ____.

Notary Signature and Seal: _____

Staff Use Only	
Permit #:	Permit Fees:
Approved/Denied by:	Expiration Date:
Approval Date:	Denied Date:

The City of Brookhaven, GA

***Brookhaven Police Department
2665 Buford Hwy
Brookhaven, GA 30324
Main 404-637-0600
Fax 404-637-0601
www.policeinfo@brookhavenga.gov***

Background Check Consent Form

****Do Not Issue Permit****

*****PLEASE NOTE: Background Checks are only performed between the hours of Monday 8:00am-12:00pm, Tuesdays & Fridays 8:00am-4:30pm.**

I authorize the **Brookhaven Police Department** to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

Print Full Name: _____

Maiden Name/Previous Name/Alias Info: _____

Date: _____ Telephone Number: _____

Are you a U.S. Citizen? Yes _____ No _____

If no, you will need to have your Green Card available. Country of Birth: _____

Date of Birth: _____ Race: _____ Sex: _____ Social Sec#: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Business Name: _____

Business Address: _____

Signature of Applicant: _____

For Finance Dept Use Only:

- ☐ Only Background Check & Fingerprints (No Permit required)
- ☐ Only Background Check (No Permit Required)
- ☐ Return Results to Finance Department
- ☐ Sexually Oriented Business Employee License (Photo, Background Check, Fingerprints)

Employee Completing: _____ Date Complete: _____

Record Attached: _____ No Record: _____

The City of Brookhaven, GA

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